FLORIDA STATE UNIVERSITY COLLEGE OF EDUCATION, HEALTH, AND HUMAN SCIENCES Program of Study - Specialist Degree

Form Fields Must Be Typed. Authenticated Digital Signatures Required.

Name:			EMPLID:								
Mobile Phone:			FSU Student E-mail:								
Department/Program:			Major Name/Academic Plan Code:								
Post-Bachelor's Degrees Earned											
Institution:		Degree:	Date:		Major:						
Institution:		Degree:	Date:		Major:						
Thesis-Track MS*		Yes	No 🗌								
Graduate Courses to Be Completed for the Specialist (EDS) Degree											
Prefix and No. Course Name				Semest Hours	er	Year and Semester Taken (List in chronological order, past to present)					
		Comprehensive Portfolio Defense or Cap (If not applicable in your Type "NA" in the credit hot	program, ars field.)			*Must register for Exam, if required by program.					
	Thesis Def	fense** (if not applicable, lear		0		**Must register for Defense					
		Sı	ubtotal								

FSU Non-Degree Seeking Student Coursework (Only 12 hours may be used – Grade must be a "B" or better in order to be used towards the graduate degree.)**

Prefix and No.	Course Name		emester Iours	Year and Semester Taken (List in chronological order, past to present)
	Subto	otal		
without an official to	External Transfer Courses (Only 6 Hograde must be a "B" or better to be eligible for transcript submitted to the University. Transfer crown student may be awarded more than 12 hours of contransfer credit.	nsfer cre edit must	edit approval. C	y the University Registrar.
Prefix and No.	Course Name		emester Iours	Year and Semester Taken (List in chronological order, past to present)
	Sub	total		
	Semester in Which Graduation is Plant	ned:		
	Total Graduate Hours + Exam or Tl	nesis		
Non-	degree seeking student Internal Transfer Cro			
	Total Transfer Cro Final T			
	Supervisory Com			
the major professor, monormal Non-Thesis Track ED or Co-Directive Status		gree. The th	hird member may	be from the major department. otional. Major professor must hold GFS
Committee Members (Signed and Typed)			ment/Program	Directive Status
(Co-)Major Professor:				GFS Co-directive status
Typed Name:				
(Co-)Major Professor (if applicable):				GFS Co-directive status
Typed Name:				
Member:				GFS Co-directive status
Typed Name:				
Member:				GFS
Typed Name:				

Member:			GFS
			Co-directive status
Typed Name:			
Student Signature:	Date:		
Department Chair or Representative:		Date:	
Academic Dean or Representative:		Date:	

Rev. April 2024

#A specialist degree supervisory committee must be designated for all thesis-track students and may be designated for non-thesis or project students at the option of the department/program. The thesis supervisory committee must consist of a minimum of three members of the faculty who have Graduate Faculty Status, one of whom is designated as the major professor. Programs may establish a more stringent policy on supervisory committee membership, but such policies may not conflict with the University policy. College policy requires the formation of the thesis supervisory committee no later than the end of the second semester of enrollment.

A major professor/advisor must be assigned for all graduate students no later than the seventh week of their semester of admission.

Specialist Program of Study Forms (POS) must be submitted to the Office of Academic Services and Intern Support (OASIS) no later than the end of the second semester of enrollment. (Example: Fall 2024 admitted students have a Spring 2024 POS submission deadline.) Some programs/departments may have earlier deadlines. Consult your department/program Graduate Handbook or contact your advisor.